



For Office Use Only	
OPP _____	DA _____
_____	BR _____ MC _____
_____	GI _____
_____	H/D/E _____ O _____
CT _____	

## CASTELLANI MEADOWS RENTAL PRE-APPLICATION

Social Security Number \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Income Information (Before Taxes) for All Persons 18 years and Older

Gross family income: Wages \$ \_\_\_\_\_ Income from Social Security \$ \_\_\_\_\_  
Weekly Biweekly Monthly Yearly  
Income/Interest from assets \$ \_\_\_\_\_ AFDC \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Child Support/Alimony \$ \_\_\_\_\_

### Ethnic Information

*This information is for statistical purposes only. Please check the group to which you belong.*

White  
Black

American Indian/Native Alaskan  
Asian/Pacific Islander

Check one: Hispanic  
Non-Hispanic

### Number of Family Members Employed \_\_\_\_\_

1. Employer's Name \_\_\_\_\_ Employee's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Employer's Name \_\_\_\_\_ Employee's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed by Fairfax County Government? ☐ Yes ☐ No Employed by Fairfax County Public Schools? ☐ Yes ☐ No

### Persons to Occupy Unit

Name	Relationship	Social Security #	Date of Birth	Sex
1. _____	<b>HEAD</b>	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Special Needs: \_\_\_\_\_

Are you or any member of your household handicapped or disabled? ☐ Yes ☐ No

Have you previously applied for this program? ☐ Yes ☐ No

Signature \_\_\_\_\_ Date \_\_\_\_\_